

Home Nursing Services

- (1) Home nursing service is part-time or intermittent nursing care administered to an individual by a licensed professional or practical nurse or advanced registered nurse practitioner, as defined in Chapter 464, F.S., in the place of residence used as the individual's home, pursuant to a plan of care approved by a licensed physician.
- (2) The unit of service is one hour of client contact by the advanced registered nurse practitioner or the licensed practical nurse.
- (3) This is a health maintenance service as defined by Section 410.603(4), F.S. It lists those routine health service(s) necessary to help maintain the health of a disabled adult.

Eligibility to Receive Home Nursing Services

- (a) A physician's prescription/plan of treatment is required to obtain home nursing services. A request for continuation of services, signed by a physician, is required at sixty-day intervals.
- (b) Funding sources inclusive of, but not limited to, Medicare, Medicaid and third party payment must be exhausted prior to utilization of CCDA funding for provision of home nursing services.

Service Tasks

- (a) Home nursing provides services that assist the client in his/her efforts to maintain an optimal level of health of body and mind.
- (b) Home nursing assists the client to prevent the occurrence or progression of illness, thus decreasing the frequency of hospitalizations.
- (c) Home nursing can be rendered through a home health agency, or provided by an independently practicing registered nurse, a registered nurse employed by a county health unit, or an independently practicing licensed practical nurse working under the direction of a registered nurse.

- (d) Nursing service shall not be rendered in hospitals or skilled or intermediate care facilities.
- (e) Nursing services rendered in the home shall include observation, assessment, nursing diagnosis, care, health teaching and counseling, maintenance of health, prevention of illness, administration of prescribed medications and treatments, and the supervision and teaching of others in the performance of nursing tasks.

Training Requirements

- (a) Pre-Service. A provider of home nursing services must hold a license, in good standing, to practice professional or practical nursing in the State of Florida.
- (b) In-Service. In-service training requirements can be met through attendance at professional meetings/conferences and/or completion of required course work for continuation of registration or licensure status. A minimum of six hours of meeting attendance, course work or other training related to the job function must be obtained per year; content and duration must be documented in staff and agency records.

Interpreter Service

- (1) Interpreter service is assisting a client to communicate despite a hearing or speech impairment or language barrier.
- (2) A unit of interpreter service is one hour spent in providing interpreter service to and/or for a client. It does not include time spent in transit to and from a client's home or service provider, but rather is the time spent in interpreting for the client.

Eligibility to Receive Interpreter Services

- (a) Client must have communication barrier significant enough to prevent him or her from effectively and accurately receiving or giving information.
- (b) Client must not be able to secure the service from his or her own support system.

Scope of Service

- (a) Interpreter service is to be used to free clients from significant barriers to communication. Barriers: language and deafness.
- (b) Interpreter service should be used to assist clients to access community resources, medical services, or social security, disability, or other governmental agency resources.

Training Requirements

- (a) Interpreters for the deaf must have one of the following nationally or state recognized certifications: comprehensive skills certified, interpreting certified, trans-literator certified, or QA screened level 3.
- (b) Language interpreters must be sufficiently proficient in the languages to be translated.

Medical Equipment/Supplies

(1) The purchase of medical equipment/supplies for use by CCDA clients is allowable under the CCDA program. Medical equipment/supplies may be durable, such as walkers, wheelchairs, bedside commodes, etc., or it may be non-durable, such as Chux bed pads, colostomy supplies, adult diapers, etc. Durable equipment should be loaned and returned to the program when the client no longer needs it, so that others may use it. Non-durable equipment/supplies are not to be reused. Expenditures of more than \$100.00 are to be approved by the district before purchase.

(2) There is no measurable "unit" of service for this category. Instead, providers are requested to maintain documentation regarding the expenditure of CCDA funds for this service. The following information should be tracked:

- (a) Description of the kinds of equipment requested and needed, and, how many requests were received for each (annually);
- (b) Of the requests documented, how many received the needed equipment (annually);
- (c) Itemization of durable equipment purchased: description, quantity, and price per item (annually);

- (d) Number of clients utilizing each type of durable equipment purchased (annually);
- (e) Itemization of non-durable equipment purchased: description, quantity, and price per item (annually);
- (f) Number of times non-durable equipment and supplies was given to CCDA clients.

Scope of Service

- (a) The purchase of medical equipment/supplies should be used only as the last resource to provide the client with needed items.
- (b) The purchase of medical equipment/supplies can include both durable and non-durable equipment. Durable equipment should be loaned to clients so that more than one person may use the equipment.

Medical Therapeutic Services

- (1) Medical Therapeutic Services are those corrective or rehabilitative services which are prescribed by a physician or nurse practitioner licensed in the State of Florida, provided by a professionally licensed, registered or certified professional and are designed to assist the disabled person to maintain or regain sufficient functional skills to live independently in the least restrictive environment possible.
- (2) Such therapies are necessary services for individuals who have suffered physical damage or debilitation due to disease or trauma and may include occupational therapy, physical therapy and services for individuals with speech, hearing and language disorders.
- (3) The unit of service is one hour of client contact by the health professional in the client's place of residence or facility where the service can be provided (e.g., hospital outpatient rehab center).
- (4) This is a health maintenance service as defined by Section 610.403(4), F.S. It lists those routine health service(s) necessary to help maintain the health of a disabled adult.

Eligibility to Receive Medical Therapeutic Services

- (a) A physician or nurse practitioner, or speech, occupational, or physical therapist, must prescribe the needed services. A request for continuation of services, signed by one of the professionals named above is required at sixty day intervals.
- (b) A client receiving like services under another program component will not be regarded as eligible for duplicative medical therapeutic services, for example, a recipient of physical and occupational therapy while in an adult day care program will not be eligible for duplicative services in his/her place of residence or at a provider facility, unless the frequency of treatment(s) required does not correspond with the frequency of attendance at day care.

Scope of Service

- (a) Services shall include occupational therapy, physical therapy, speech pathology and audiology. Definitions for these therapies may be found in the glossary.
- (b) Payment for supplies and equipment deemed by the therapist or physician as reasonable and necessary to the success of the treatment rendered to the client, will be eligible under this program in accordance with district program budgets. All resources will be exhausted prior to the utilization of CCDA funds for the purchase of supplies or equipment for medical therapeutic services. **THE CCDA PROGRAM SHALL BE THE PROVIDER OF LAST RESORT.**

Education and Training Requirements. Any provider of a medical therapeutic service must hold current registration, certification or license to practice in the State of Florida in the designated area of the services to be provided.

- (a) Pre-Service. None is required.
- (b) In-Service. In-service training requirements can be met through attendance at professional meetings/ conferences and/or required course work for continuation of registration, certification or licensure status. A minimum of six hours of meeting attendance, course work or other training related to the job function must be obtained per year; content and duration must be documented in staff and agency records holding documentation of the employee's professional qualifications.

Personal Care

- (1) Personal care means services to assist the disabled adult with bathing, dressing, ambulation, housekeeping, supervision, emotional security, eating, supervision of self-administered medications and assistance with securing health care from appropriate sources. Personal care services do not include medical services.
- (2) A unit of service is one hour (or quarter hour) of elapsed time spent in providing designated personal care services by a qualified personal care aide. It does not include time spent in transit to and from the client's home.
- (3) This is a health maintenance service as defined by Section 410.603(4), F.S. It lists those routine service(s) necessary to help maintain the health of a disabled adult.

Service Tasks. The personal care aide will perform such tasks as:

- (a) Assisting the client with personal hygiene, dressing, feeding, or transfer or ambulatory needs, including use of wheelchair, crutches, walker;
- (b) Assisting with toileting and/or use of a bedpan;
- (c) Assisting the client with self-administered medications when ordered by the client's physician, and as prescribed in the personal care plan. The personal care aide may not administer the medication, but may bring the medication to the client and remind the client to take the medication at a specific time;
- (d) Assisting with food, nutrition and diet activities including preparation of meals when essential to good health;
- (e) Performing household services such as changing bed linens when the performance is essential to good health;
- (f) Accompanying the client to clinics, physician office visits, or other trips when health care needs require personal care assistance.

Service Task Restrictions:

- (a) A registered nurse, either paid or volunteer, must be on the staff or under contract to make home visits to supervise personal care aides

at least every 60 days. The registered nurse will assess whether activities in the service plan are being carried out properly; attend or provide in-service training; review reports and records; and conduct or participate in client staffings. All such activities shall be documented in the case record. The registered nurse must also participate in the performance evaluation of the personal care aide.

(b) Personal care will not substitute for the care usually provided by a registered or practical nurse, therapist, or home health aide. The personal care aide WILL NOT change sterile dressings, irrigate body cavities, administer medications, or perform any other activities prohibited by Chapter 59A-8, F.A.C., Home Health Aide.

(c) Personal care services MUST NOT be confused with services, which are commonly associated with homemaker and home health aide services. Services must be required SPECIFICALLY TO ASSIST THE CLIENT as outlined in the above sections.

Training Requirements. Personal care aides must be trained in those supportive services, which are required to make the client comfortable and to assist the client toward independent living in a safe environment. The personal care staff will receive a minimum of 30 class hours of pre-service training administered by a registered nurse, or successfully complete and be certified as a graduate of the Nurse Aide Program administered by a vocational/technical school, licensed/certified home health agency, or hospital.

(a) Pre-Service Training.

1. Role of the personal care provider and ethics (1 hour).
2. Physical appearance and personal hygiene (1 hour).
3. Supervision by registered nurse (3 hours). This should include topics such as: role of the supervisor; role of the personal care aide; role of the physician; role of the client; plan of care; assignment of tasks; record-keeping; and employee performance evaluation.
4. Personal care services (18 hours), to include the following topics: bathing; dressing; toileting; feeding (eating); bed-making; ambulation; and body mechanics.

5. Nutrition and food management (4 hours), to include the following topics; purchasing food; preparation of food; storage of food; and serving of food.
 6. Household management (2 hours), to include: care of bedroom, bathroom, kitchen, care of clothing and safety in the home.
 7. Physical, mental, and social aspects of disability; social aspects of death and dying (2 hours).
- (b) If staff or volunteers have received prior equivalent training, it may be substituted for part or all of the required hours of pre-service training. The personnel file of the staff member or volunteer must include documentation of the prior training.
- (c) In-Service Training. Staff providing personal care must be regularly scheduled for a minimum of 6 hours in-service training per year; training must be documented in staff records.

Physical and/or Mental Examinations

- (1) CCDA funds may be used to purchase the services of a physician, psychologist, psychiatrist, or mental health professional in order for a CCDA client to receive needed medical or mental health services. (Use the departments approved fee schedule.)
- (2) A unit of service is measured in episodes, with one episode (one unit) defined as one examination, either physical or mental, made by one physician, psychologist, or mental health professional.
- (3) This is a health maintenance service as defined by Section 410.603(4), F.S. It lists those routine health service(s) necessary to help maintain the health of the disabled adult.

THE DPOAA MUST APPROVE EACH EXAMINATION BEFORE SERVICES ARE RENDERED.

Scope of Service. Physical and mental examinations should be provided for the purpose of evaluation, rather than extensive treatment provided over time through numerous examinations.

Training Requirements.

- (a) **Pre-Service Training.** A provider of physical or mental examinations must hold a license in good standing to practice medicine, or to conduct psychological examinations, or in the case of professional mental health counseling, must be certified as a mental health professional.
- (b) **In-Service Training.** There are no in-service training requirements.

Respite Care

- (1) Respite care means relief or rest for a caregiver from the constant supervision, companionship, therapeutic and personal care on behalf of the client for a specified period of time. The purpose of the service is to maintain the quality of care to the client for a sustained period of time through temporary, intermittent relief of the primary caregiver.
- (2) The unit of service is one hour or quarter hour of elapsed time spent in the provision of respite care services by a qualified worker.

Scope of Service

- (a) Respite care may be provided for up to 240 hours per client per calendar year depending upon individual need. The service may be extended up to 360 hours as recommended by the client's case manager and with documented approval by their immediate supervisor. The service may be provided during a concentrated period or spaced throughout the year. Additional hours may be approved by the district on a case by case basis.
- (b) The case manager will determine the level and intensity of care required by a client. The case manager may obtain consultation from other service providers, the client's family, caregiver, physician, or nurse to determine the appropriate level of respite care needed.
- (c) **Respite care will not be substituted for the care usually provided by a registered nurse, licensed practical nurse, or therapist.**
- (d) In-home respite care may be provided by staff qualified as a homemaker, home health aide, personal care worker, sitter or

companion, a combination of the above, or a trained volunteer, provided that service standards are met.

(e) Services provided for respite purposes will be classified as such and not as homemaker, home health aide, personal care services and the like, even though a homemaker or health aide may render the service.

(f) Respite care staff must be appropriately supervised. A health or social service professional must be available to supervise and provide in-service training to workers providing the respite services. If, for medical reasons, a home health aide must provide all or part of the respite care services, a registered nurse or health professional must supervise the aide. As an alternative, an agreement may be developed with a visiting nurses association, the Red Cross, or a home health agency, to supervise respite staff.

(g) Respite care staff will be adequately trained to respond to a crisis, which may occur during the caregiver's absence.

(h) Respite care is to be provided in the client's home in familiar surroundings, however, when a respite caregiver is not available to go to the client's home, respite care may be provided by foster homes, adult congregate living facilities, or nursing homes on a temporary basis. **RESPIRE CARE SERVICE MAY NOT BE PROVIDED TO RESIDENTS RESIDING IN NURSING HOMES OR ASSISTED LIVING FACILITIES.**

Training Requirements.

(a) Pre-Service Training. Staff or volunteers providing this service must receive at least twenty hours of instruction in the following areas:

1. Health problems and care of disabled persons;
2. Basic personal care procedures such as grooming;
3. First aid and handling of emergencies. Formal written emergency procedures will be developed for the respite staff to follow should an emergency occur;
4. Food, nutrition, meal preparation, and household management;

5. If staff or volunteers have received prior equivalent service training, the prior training can be substituted for part or all of the required hours of pre-service training.

(b) In-Service. In-service training for respite care workers will be scheduled regularly. Minimum in-service training must be provided at least once per year for a total of six hours. Content and duration must be documented in staff records.

Training. Training required is dependent upon level of care provided. If personal care is to be provided, the personal care standards must be met.

Education. Education required is dependent upon level of care provided; however, the respite worker must have the ability to read, write, and complete required reports.

Transportation

(1) Transportation service is the transport of a client to and/or from service providers or community resources. Any transportation essential to the implementation of the service plan is allowable.

(2) Transportation service is measured in trips: one trip is defined as one, one-way trip measured from a point of origin to a destination. The following are two examples of measurement:

Example #1: Client is taken from home to the doctor's office. 1 trip

Client is taken from the doctor's office to the drug store. 1 trip

Client is taken from the drug store back home. 1 trip

Total # trips this episode: 3

Example #2: Client is taken from home to rehab therapy. 1 trip

Client is taken from rehab therapy to the grocery store. 1 trip

Client is taken from the grocery store to the drug store. 1 trip

Client is taken from the drug store back to the grocery store (forgot eggs). 1 trip

Client is taken from the grocery store back home. 1 trip

Total # trips this episode: 5

Scope of Service

- (a) Services will be provided on a demand/response basis. Except for emergencies, clients must request services at least twenty-four hours in advance to facilitate efficient use of vehicles and staff.
 - (b) Existing transportation systems and equipment must be utilized before CCDA funds are used for transportation services.
 - (c) Services may be provided by ambulance, taxicab, common carrier, or provider vehicle. The agency or the vehicle owner must provide excess liability coverage. Transportation services will be provided only by persons having a valid Florida driver's license. If volunteers are used, they must have a valid driver's license. Drivers who transport clients on a regular basis in provider vehicles must have a valid Florida Chauffeurs license.
 - (d) When transporting one or two clients, a driver may act as an escort provided that the case manager determines that the client cannot be left alone while receiving the services, and the client's needs will not interfere with the driver's ability to safely control the vehicle. In such instances, only one or the other may be counted in units of service; transportation trips or escort hours.
 - (e) If the client requires supervision while in the vehicle, which the driver cannot provide, a staff person other than the driver must provide supervision.
- (3) Minimum Service Standards. The following service standards for transportation must be adhered to:
- (a) Provide services in compliance with federal, state and local rules and regulations issued by the Department.
 - (b) Document that staff personnel and volunteers are fully trained to provide the services offered by the transportation program.
 - (c) CCDA funds may not be used to purchase vehicles.
 - (d) Document that all drivers who transport clients on a regular basis in provider vehicles have:

1. A valid State of Florida Chauffeur License;

2. Minimum of one year driving experience with vehicles similar to those to be operated for the provider;
 3. A safe driving record acceptable for insurance coverage;
 4. Successfully completed an American Red Cross or similar program.
- (e) Document that volunteers who drive privately owned automobiles to transport clients meet the minimum requirements set forth in CFOP 125-1, Community Resources/Volunteer Management..
- (f) Obtain and maintain minimum vehicle insurance coverage on all provider owned or leased vehicles in accordance with the Division of Risk Management.
- (g) All unusual incidents, accidents or problems must be reported to proper authorities and investigated by supervisory staff and records maintained.

Training Requirements.

- (a) Pre-Services Training. A total of 10 hours is required for contract service providers and DCF staff. If staff or volunteers have received prior equivalent training, it can be substituted for parts or all of this requirement. The following topics should be included in the training: interpersonal relationships; operation of vehicle and equipment; accident and emergency procedures in the event something may happen to the client while being transported; and CCDA program and purpose.
- (b) In-Service Training. Contract service staff providing medical transportation must be scheduled regularly for in-service training to augment or refresh knowledge in any of the above listed areas. A minimum of six hours must be scheduled per year, content and duration documented in agency and staff records.

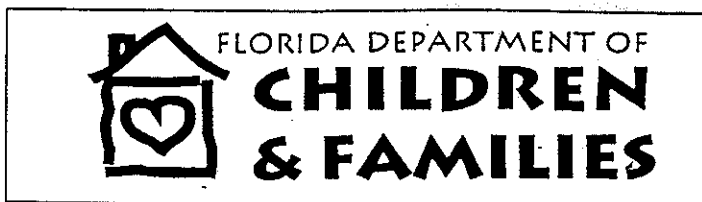


Exhibit B

Fiscal Year _____
Community Care for Disabled Adults Quarterly Summary Report

District: _____

Name of Contract Manager: _____

Phone Number: SC _____ Local _____

Reporting Period:

____ 3 Month

____ 6 Month

____ 9 Month

____ 12 Month

I. Expenditures

(1) Total CCDA dollars: _____

(2) Total expenditures this quarter: _____

(3) Total expenditures spent to date: _____

(4) Encumbrances *: _____

(5) Balance: _____

II. Report Prepared By: _____

III. Phone Number: _____

DEPARTMENT OF CHILDREN AND FAMILIES

Exhibit C

OFFICE OF FAMILY SAFETY

MONTHLY REQUEST FOR PAYMENT AND EXPENDITURE REPORT

PROVIDER FED. ID # _____

NAME AND MAILING ADDRESS OF PAYEE:

CONTRACT AMNT.: _____

REIMBURSEMENT YTD.: _____

CONTRACT BALANCE: _____

DATE: _____

CONTRACT#: _____

PERIOD OF SERVICE PROVISION: _____

NAME OF SERVICE OR DESCRIPTION OF MATERIALS	UNITS/ QUANTITY	AMOUNT PER UNIT/ EPISODE	TOTAL AMOUNT DUE

TOTAL MATCH REQUIRED
FOR CONTRACT: _____TOTAL
PAYMENT
REQUESTED

	THIS MNTH.	YTD.
LOCAL CASH MATCH		
LOCAL IN-KIND		
TOTAL DEDUCTIONS		
REMAINING MATCH BALANCE		

FLORIDA DEPARTMENT OF
**CHILDREN
& FAMILIES**

SIGNATURE OF PREPARER _____ DATE COMPLETED _____

APPROVED BY _____ TITLE _____

*IF THIS INVOICE IS FOR A FIXED PRICE CONTRACT, THE REQUEST FOR PAYMENT WILL BE DETERMINED

BY DIVIDING THE LENGTH OF THE CONTRACT INTO THE CONTRACTED AMOUNT (EX. \$12,000[ALLOCATION] DIVIDED BY

12 MONTHS [THE LENGTH OF THE CONTRACT]*\$1,000 PAYMENT REQUEST) ON A COST REIMBURSEMENT CONTRACT

THE PAYMENT REQUEST WILL BE THE MONTHLY REQUEST EXPENSE.

CHILDREN AND FAMILIES USE ONLY

DATE INV. RCD. _____

APPROVED BY: _____ DATE _____

ORG	EO	OBJ	DESC.	AMNT.	OCA	

ms c 1 acquisition cost per unit; hardcover books costing over \$250

[illegible]

NAME

Place a check mark here if item is found

24. Physical address of the item

:TY # Number assigned for inventory purposes

Properties serial number (not part number)

ATION Properties description, such as IBM Computer, Xerox Copier

† Cost actually paid including installation and accessories

CT Number assigned to Contract

Maker of the property

TE Data property was received

Condition of Property: 1) New 2) Good 3) Fair 4) Poor

Percentage of Federal participation

Percentage of state participation

✓L DA Date properly was disposed

I, _____ (Name/Title) HEREBY CERTIFY
THAT ALL PROPERTY INFORMATION CONTAINED HEREIN IS CORRECT AND THAT PROPER
DOCUMENTATION CAN BE PROVIDED UPON REQUEST FROM THE CONTRACTOR.

Signature (Executive Director or Designee)

CONTRACT NUMBER:

PHONE:



DISTRICT 11 INCIDENT REPORT

EXHIBIT E

(Critical incidents must be reported to District Administrator within 24 hours of notification.) CHECK IF CRITICAL ☐

CONFIDENTIAL

WARNING: The information contained in this report is confidential. You are hereby notified that dissemination, distribution, or copying of this document is strictly prohibited, unless authorized by the Department of Children & Families.

I. IDENTIFYING INFORMATION

Reporting Party Phone #: _____ Date of Incident ____/____/____ Time of Incident _____

Reporting Party Name _____

District Program Area: _____ DCF Unit # _____

Specific Program: check all that apply

☐ AMH ☐ CMH ☐ ASA ☐ CSA ☐ DD ☐ AS ☐ ESS ☐ FS ☐ Dependent Child ☐ DA (all support areas)

Please respond to one of the following as appropriate.

a. Contract Provider Name _____ Specific Program Name _____

b. Foster Home Name _____ c. DS Home Name _____

d. DCF Facility Name _____ e. Other Name _____

Is this a licensed facility? ☐ Yes ☐ No ☐ Don't know.

Specific location/address where incident occurred: _____

II. TYPE OF INCIDENT

Check one box only.

1. ☐ Abuse/Neglect/Exploitation2. ☐ Aggression/Threat

3. Altercation:

☐ Client/client ☐ Client/staff ☐ Staff/staff4. ☐ Baker Act5. ☐ Bomb Threat6. ☐ Client Injury7. ☐ Client Death8. ☐ Contraband9. ☐ Criminal Activity10. ☐ Damage11. ☐ Drugs12. ☐ Elopement/Runaway13. ☐ Emergency Room Visit14. ☐ Escape15. ☐ Hospital Admission16. ☐ Illness17. ☐ Media Coverage18. ☐ Medication Issue19. ☐ Misconduct20. ☐ Physical Aggression21. ☐ Self-Injurious Behavior22. ☐ Sabotage23. ☐ Sexual Battery24. ☐ Suicide Attempt25. ☐ Suicide Ideation/Threat26. ☐ Theft27. ☐ Vandalism28. ☐ Other Incidents _____

III. PARTICIPANT(S) WITNESS(ES) (if applicable)

FIRST Name	LAST Name	SS#	Birth Date	Race	Gender	Client	Employee	Participant	Witness
_____	_____	_____	____/____/____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	_____	____/____/____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	_____	____/____/____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

III. PARTICIPANT(S) WITNESS(ES) (continued)

_____	_____	____/____/____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	____/____/____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	____/____/____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

IV. DESCRIPTION OF INCIDENT

Give Detailed Account (44th What? When? Where? Why? How?) Add Pages if Necessary:

Give Detailed Account - (Who, What, When, Where, Why, How) - Add Pages If Necessary

This image shows a single sheet of white paper with horizontal blue or grey ruling lines. The lines are evenly spaced and run across the width of the page. There is no handwriting or other markings on the paper.

V. CORRECTIVE ACTION AND FOLLOW UP

Immediate corrective action taken

[illegible]

Is follow-up action needed? NO ☐

YES ☐

If yes, specify:

VI. INDIVIDUALS NOTIFIED

EXTERNAL NOTIFICATION

Agency Notified	Person Contacted	Status	Date/Time	Called	Copy
Abuse Registry 1-800-962-2873	Name _____ ID# _____	Report Accepted Yes <input type="checkbox"/> No <input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
Agency for Health Care Administration	Name: _____	N/A		<input type="checkbox"/>	<input type="checkbox"/>
Law Enforcement-Department _____	Officer's Name _____ Badge # _____ Case # (if avail) _____	N/A		<input type="checkbox"/>	<input type="checkbox"/>
Parent/Guardian/ Family Member Name	Name: _____	N/A		<input type="checkbox"/>	<input type="checkbox"/>
Other (Please Specify) _____	Name: _____	N/A		<input type="checkbox"/>	<input type="checkbox"/>
Other (Please Specify) _____	Name: _____	N/A		<input type="checkbox"/>	<input type="checkbox"/>
DCF (for providers only)	Name: _____	N/A		<input type="checkbox"/>	<input type="checkbox"/>

VII. REVIEW AND SIGNATURES

	NAME	SIGNATURE	TITLE	PHONE #	DATE
REPORTING EMPLOYEE					__/__/__
SUPERVISOR					__/__/__

DCF INTERNAL NOTIFICATION

Individual/Agency Notified	Date/Time	Called	Copy	Individual/Agency Notified	Date/Time	Called	Copy
Client Relations		<input type="checkbox"/>	<input type="checkbox"/>	Employee Safety Program		<input type="checkbox"/>	<input type="checkbox"/>
District Administrator		<input type="checkbox"/>	<input type="checkbox"/>	Florida Local Advocacy Committee		<input type="checkbox"/>	<input type="checkbox"/>
Division Director/ Facility Director		<input type="checkbox"/>	<input type="checkbox"/>	H.R. Workers' Compensation Coordinator (employee related incidents only)		<input type="checkbox"/>	<input type="checkbox"/>
District Legal Counsel		<input type="checkbox"/>	<input type="checkbox"/>	Program Office/Risk Manager		<input type="checkbox"/>	<input type="checkbox"/>
DS Support Coordinator/Case Manager		<input type="checkbox"/>	<input type="checkbox"/>	Others -- (Please specify) _____		<input type="checkbox"/>	<input type="checkbox"/>
EEOC		<input type="checkbox"/>	<input type="checkbox"/>	Contract Manager		<input type="checkbox"/>	<input type="checkbox"/>
Public Information Officer		<input type="checkbox"/>	<input type="checkbox"/>				

VIII. DCF REVIEW AND SIGNATURES

	NAME	SIGNATURE	TITLE	PHONE #	DATE
Incident Report Liaison					__/__/__
DIVISION DIRECTOR/ FACILITY DIRECTOR					__/__/__



EXHIBIT F

SECURITY AGREEMENT FORM

The Department of Children and Families has authorized you:

Employee's Name/Organization

to have access to sensitive data through the use of computer-related media (e.g., printed reports, microfiche, system inquiry, on-line update, or any magnetic media).

Computer crimes are a violation of the department's disciplinary standards and, in addition to departmental discipline, the commission of computer crimes may result in Federal and/or State felony criminal charges.

- By my signature, I acknowledge that I have received, read and understand the Computer Related Crimes Act, Chapter 815, F.S.
- By my signature, I acknowledge that I have received, read and understand Sections 7213, 7213A, and 7431 of the Internal Revenue Code, which provide civil and criminal penalties for unauthorized inspection or disclosure of Federal tax data.
- By my signature, I acknowledge that it is the policy of the Department of Children and Families that under no circumstances shall any contract employee be allowed access to IRS tax information.

I understand that a security violation may result in criminal prosecution according to the provisions of Federal and State statutes and may also result in disciplinary action against me according to the provisions in the Employee Handbook. I agree to be bound by the provisions of CFOP 50-6. The minimum department security requirements are:

- Personal passwords are not to be disclosed.
- Information is not to be obtained for my own or another person's personal use.

Print Employee's Name

Signature of Employee

Date

Print Supervisor's Name

Signature of Supervisor

Date

ATTACHMENT II

The administration of resources awarded by the Department of Children & Families to the provider may be subject to audits as described in this attachment.

MONITORING

In addition to reviews of audits conducted in accordance with OMB Circular A-133 and Section 215.97, F.S., as revised, the Department may monitor or conduct oversight reviews to evaluate compliance with contract, management and programmatic requirements. Such monitoring or other oversight procedures may include, but not be limited to, on-site visits by Department staff, limited scope audits as defined by OMB Circular A-133, as revised, or other procedures. By entering into this agreement, the recipient agrees to comply and cooperate with any monitoring procedures deemed appropriate by the Department. In the event the Department determines that a limited scope audit of the recipient is appropriate, the recipient agrees to comply with any additional instructions provided by the Department regarding such audit. The recipient further agrees to comply and cooperate with any inspections, reviews, investigations, or audits deemed necessary by the Comptroller or Auditor General.

AUDITS

PART I: FEDERAL REQUIREMENTS

This part is applicable if the recipient is a State or local government or a non-profit organization as defined in OMB Circular A-133, as revised.

In the event the recipient expends \$300,000 or more in Federal awards in its fiscal year, the recipient must have a single or program-specific audit conducted in accordance with the provisions of OMB Circular A-133, as revised. In determining the Federal awards expended in its fiscal year, the recipient shall consider all sources of Federal awards, including Federal resources received from the Department of Children & Families. The determination of amounts of Federal awards expended should be in accordance with guidelines established by OMB Circular A-133, as revised. An audit of the recipient conducted by the Auditor General in accordance with the provisions of OMB Circular A-133, as revised, will meet the requirements of this part. In connection with the above audit requirements, the recipient shall fulfill the requirements relative to auditee responsibilities as provided in Subpart C of OMB Circular A-133, as revised.

PART II: STATE REQUIREMENTS

This part is applicable if the recipient is a nonstate entity as defined by Section 215.97(2)(l), Florida Statutes.

In the event the recipient expends a total amount of state financial assistance equal to or in excess of \$300,000 in any fiscal year of such recipient, the recipient must have a State single or project-specific audit for such fiscal year in accordance with Section 215.97, Florida Statutes; applicable rules of the Executive Office of the Governor and the Comptroller, and Chapters 10.550 (local governmental entities) or 10.650 (nonprofit and for-profit organizations), Rules of the Auditor General. In determining the state financial assistance expended in its fiscal year, the recipient shall consider all sources of state financial assistance, including state financial assistance received from the Department of Children & Families, other state agencies, and other nonstate entities. State financial assistance does not include Federal direct or pass-through awards and resources received by a nonstate entity for Federal program matching requirements.